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CONFIRMATION NO. 8677

SERIAL NUMBER 09/282,471	FILING OR 371(c) DATE 03/31/1999 RULE	CLASS 424	GROUP ART UNIT 1615	ATTORNEY DOCKET NO. 401865/SKYEPHARMA
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APPLICANTS

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** CONTINUING DATA ****

This application is a CIP of 09/218,080 12/22/1998 PAT 6,228,399
 which is a CIP of 08/701,483 08/22/1996 ABN

** FOREIGN APPLICATIONS ****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/22/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	NC	0	23	4
Verified and Acknowledged	Examiner's Signature Initials				

ADDRESS

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TITLE

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FILING FEE RECEIVED 1582	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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